

## **THE CAPABLE ACUTE CARE FORUM (ACF)**

### **Introduction**

*“Improving inpatient care is key to the Government’s drive to reform and improve mental health services”.* Jacqui Smith, Minister for Health at the launch of the National Mental Health Policy Implementation Guide on Adult Acute Inpatient Care – April 2002.

A key mechanism for delivery of the necessary service improvement is the creation of an Acute Care Forum (ACF) in each provider Trust. These ACFs to be linked and supported by NIMHE Development Centre ‘Acute Care Service and Practice Development Networks.’

ACFs are tasked with developing and implementing a clear local service improvement plan consistent with the policy guidance. While there are many very effective Acute Care Forums there are some who are not clear about their roles and responsibilities and/or who are not getting sufficient priority given to their work. Standards for a ‘capable ACF’ are described below; Trusts/ACFs/LITs may find it helpful to audit their own arrangements against these standards.

### **Characteristics of the Capable ACF**

- 1. Role:** The Capable ACF is empowered to develop, oversee and co-ordinate a local action plan for the implementation of the DoH Acute Care Policy Guidance in a whole system context and to advise and appraise the responsible bodies on key issues pertinent to the modernisation of local acute inpatient care.
  - It is not just a special interest group or ‘talking shop’ for inpatient services.
  - It requires the participation of people who can make decisions across the system of care delivery and procurement.
- 2. Configuration:** The Capable ACF is configured to facilitate the meaningful involvement of all local acute inpatient and related provision and is clear about how it maintains effective dialogue with all key stakeholders.
  - It will need to get the balance right between top down and bottom up involvement. This should be reflected in membership and attendance.
  - Large specialist mental health Trusts will require the establishment of a locality sub group structure to ensure the voice of each ward is heard and effectively responded to and to implement agreed actions locally.

- Co-terminosity of locality sub groups with PCT commissioners and LITS will be advantageous.
  - The core ACF may find it useful to also establish time limited task groups to scope and progress specific or service wide issues.
- 3. Leadership: The Capable ACF is usually chaired by a Board level Director of the provider Trust empowered to lead its action plan implementation.**
- The ACF will have a designated Acute Care lead of senior status to organise and manage the workload with sufficient time and resources allocated for this role.
  - The Chair and Acute Care lead will be members of the Trust's Clinical Governance Committee.
  - Each locality ACF sub group will have a designated lead/chair.
  - There should be a named/designated Acute Care lead psychiatrist and leads for each of the other professions on the core ACF.
  - There will be leads for each inpatient ward on locality ACF sub groups.
  - Each ACF will nominate a Psychiatric Intensive Care Unit (PICU) lead.
- 4. Membership: The Capable ACF engages effective representation from all key stakeholders.**
- Service user and carer input should be integral to all the ACF projects and initiatives.
  - Clear arrangements should be in place to support both service user and carer involvement.
  - Frontline ward staff involvement should be facilitated and cover provided
  - Senior designated leads from each of the key professional groups/clinicians (psychiatry, nursing, occupational therapy, social work, psychology).
  - Locality sub group leads and chairs.
  - PCT mental health commissioning leads (who should also be members of their relevant sub group).
  - Representatives of community acute care services (crisis resolution/home treatment) or those responsible for establishing/commissioning these services.
  - PALS co-ordinators should be members to provide a link to related initiatives – independent advocacy, patient forums...
  - The most appropriate membership can depend on the priority tasks in hand and should be kept under review but consideration should be given to inclusion of both HR and estates/facilities leads as core ACF members.
  - The overall membership should reflect the diversity of the population served.

**5. Accountability and Authority: The Capable ACF is clear about its authority and accountability.**

- The capable ACF should be clearly defined as part of the Trust's Clinical Governance structure and associated reporting arrangements..
- There are clear links between the ACF and each LIT in its catchment area, with a lead ACF contact designated for each LIT.
- There are clear links and collaborative working with the NIMHE DC service and practice development networks.
- There is a lead contact with the Workforce Confederation.

**6. Processes: The Capable ACF has processes in place to ensure effective implementation of the policy guidance in the local context.**

- The ACF has an action plan that clarifies priorities, risks, issues, timescales and lead responsibilities and has clear arrangements in place for monitoring progress with implementation.
- There is a strong communication focus with regular communication mechanisms in place to keep the wider organisation up to date and involved.
- There is a clear process for the regular reporting and resolving of issues raised in ward, service user/staff forums and locality sub groups.
- An annual report is produced by the ACF which is incorporated into Clinical Governance reporting mechanisms and is disseminated to LITS and other key stakeholders.
- The principal themes of the ACF annual report are incorporated into Local Delivery Plans.

**7. Collaboration: The Capable ACF benefits from collaboration with other ACFs in its area – (supported by NIMHE DC service and practice development networks).**

- ACFs collaborate on service improvement initiatives, positive practice, defining standards, staff development.
- The ACF develops expertise in service improvement methodologies and models.
- Joint approaches are developed to tackle common issues eg recruitment and retention, benchmarking exercises....